

## PLACE OF BIRTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163  
Co. Registrar No. 192  
Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus who 48 hrs old If child is not yet named, make supplemental report, as directed

3. Sex of child M To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth March 22-1923 (Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Efrain Mendez</u>	14. Full maiden name	<u>Francisca Bonilla</u>
9. Residence (Usual place of abode) If nonresident, give place and State	<u>Globe Ariz</u>	15. Residence (Usual place of abode) If nonresident, give place and State	<u>Globe Ariz</u>
10. Color or race <u>Mex</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation <u>Labr</u> Nature of Industry <u>in mine</u>		19. Occupation <u>Housewife</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12:05 am. on the date above stated. (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. N. Foster M.D. (Physician or midwife)

Address Globe

Given name added from a supplemental report (Month, day, year)

Filed 25, 1923 B. G. Fox Local Registrar.

Filed 4-5, 1923 B. G. Fox County Registrar.

Registrar.

049-322-621